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CONFIRMATION NO. 3217

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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/DE04/02503 11/12/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 103 53 175.0 11/14/2003

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*****\*\* 08/30/2007**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

27500

**TITLE**

HUMAN MONOCLONAL ANTIBODY HAVING FAT-REDUCING EFFECT

<b>FILING FEE RECEIVED</b> 1232	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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